



I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32.

I UNDERSTAND BY CHOOSING THIS OPTION, I WILL RECEIVE A REDUCED MONTHLY RETIREMENT ALLOWANCE FOR LIFE. I ALSO UNDERSTAND THAT UPON MY DEATH, IF THERE IS A REMAINING BALANCE IN MY ACCOUNT—DEPOSITS AND INTEREST—IT WILL BE REFUNDED TO MY BENEFICIARY (IES) OR ESTATE IN A LUMP SUM. THE DESIGNATED BENEFICIARY(IES) WILL ALSO RECEIVE A PRORATED AMOUNT FOR THE NUMBER OF DAYS I LIVE IN THE MONTH OF MY DEATH. I UNDERSTAND THAT THE ANNUITY PORTION OF MY ALLOWANCE IS REDUCED EACH MONTH. IF MY ANNUITY SAVINGS ACCOUNT IS DEPLETED AT TIME OF MY DEATH, I UNDERSTAND THAT THERE WILL BE NO SURVIVOR BENEFIT.

BENEFICIARY(IES) INFORMATION (MUST BE COMPLETED)

1	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
2	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
3	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
4	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
5	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:

MEMBER INFORMATION

(Print Name)

(Social Security Number)

(Signature)

(Date)

SIGNATURE OF WITNESS—THIS OPTION FORM MUST BE WITNESSED.

IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

(Print Name)

(Address/City/Town/State/Zip)

(Signature)

(Date)